

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000340

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** CRUISERS OF SOUTH FLORIDA, INC

**Current Principal Place of Business:**

5000 CLEVELAND ST  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

% STEVE SCHWARTZ  
5000 CLEVELAND ST.  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 04-3596326

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHWARTZ, STEPHEN  
5000 CLEVELAND ST  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCHWARTZ, STEPHEN  
Address: 5000 CLEVELAND STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: DIDOMINICO, CAROL  
Address: 6216 LANDINGS BLVD  
City-St-Zip: LADY LAKE, FL 32159

Title: TD ( ) Delete  
Name: DIDOMENICO, LEON  
Address: 6216 LANDINGS BLVD  
City-St-Zip: LADY LAKE, FL 32159

Title: D ( ) Delete  
Name: ROGERS, BOB  
Address: 1161 NW 70 TER.  
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: S ( ) Delete  
Name: SCHWARTZ, EVELYN  
Address: 5000 CLEVELAND ST  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN SCHWARTZ

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date